



Resident Satisfaction Survey

Property Name: _____

Tell us what you think by filling out this survey.

| <u>Property</u> | <u>How are we doing?</u> |
|--|---|
| 1. Does maintenance make <u>emergency</u> repairs in one day or less? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Would you recommend your community to a friend? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does maintenance complete work orders in one week or less? <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Resident Services at (Insert Name of Community)</u> |
| 3. Does maintenance fix your work order in a single visit? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. In the past year, how often did the resident services staff help you? <input type="checkbox"/> Never <input type="checkbox"/> 1-4 times per year <input type="checkbox"/> 5 or more times per year |
| 4. Do maintenance workers answer your questions? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Does the resident services staff help you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. In the past year, how often did you need the assistance of the maintenance staff? <input type="checkbox"/> Never <input type="checkbox"/> 1-4 times per year <input type="checkbox"/> 5 or more times per year | 15. Do you know when the resident association meetings are held? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do the people in the rent office answer the phone? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. How do you feel about the resident association meetings? <input type="checkbox"/> They are important <input type="checkbox"/> They are not important |
| 7. When you visit the rent office is there someone there to help you? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Do you regularly attend the resident association meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Is there trash on the ground or in the streets around the apartments? <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Safety (Insert Name of Community)</u> |
| 9. When you go to the laundry room do the machines work? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Do you feel safe inside your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. In the past year, how often did you need the assistance of the property management staff? <input type="checkbox"/> Never <input type="checkbox"/> 1-4 times per year <input type="checkbox"/> 5 or more times per year | 19. Do you feel safe in your apartment community? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>How are we doing?</u> | <u>This survey</u> |
| 11. In the past year, how would you describe living in your community? <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor | 20. Was this survey easy to complete? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Upon completion, please insert this form into the enclosed self-addressed, stamped envelope and put in the U.S. Postal Service by <u>(Insert Date)</u> . |
| | Thank you for taking the time to tell us what you think! |